

[illegible]

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS

38. What was the TOTAL number of cars, vans, trucks, motorcycles, or other motor vehicles owned by you or any other member of this household during the last 6 months? Include those you no longer own.

[illegible]

39b. Did any incidents of this type happen to you?

1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 40a

39c. How many times?	538	Number of times (39c)
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<p>40a. (Other than any incidents already mentioned), since _____, 19____, were you attacked or threatened OR did you have something stolen from you –</p> <ul style="list-style-type: none"> (a) At home including the porch or yard – (b) At or near a friend's, relative's, or neighbor's home – (c) At work or school – (d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport – (e) While riding in any vehicle – (f) On the street or in a parking lot – (g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting – <p style="text-align: center;">OR</p> <p>(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?</p>	<p>Briefly describe incident(s) ↗</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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40b. Did any incidents of this type happen to you?

40c. How many times?	540	Number of times (40c)
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Notes

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS		
<p>41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways <i>(Exclude telephone threats)</i> –</p> <p>(a) With any weapon, for instance, a gun or knife –</p> <p>(b) With anything like a baseball bat, frying pan, scissors, or stick –</p> <p>(c) By something thrown, such as a rock or bottle –</p> <p>(d) Include any grabbing, punching, or choking,</p> <p>(e) Any rape, attempted rape or other type of sexual attack –</p> <p>(f) Any face to face threats –</p> <p>OR</p> <p>(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>41b. Did any incidents of this type happen to you?</p>		<div><div>541</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 42a</div></div>
<p>41c. How many times?</p>		<div><div>542</div><div></div><div>Number of times (41c)</div></div>
<p>42a. People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by <i>(Exclude telephone threats)</i> –</p> <p>(a) Someone at work or school –</p> <p>(b) A neighbor or friend –</p> <p>(c) A relative or family member –</p> <p>(d) Any other person you've met or known?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>42b. Did any incidents of this type happen to you?</p>		<div><div>543</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 43a</div></div>
<p>42c. How many times?</p>		<div><div>544</div><div></div><div>Number of times (42c)</div></div>
<p>43a. Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by –</p> <p>(a) Someone you didn't know before –</p> <p>(b) A casual acquaintance –</p> <p>OR</p> <p>(c) Someone you know well?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>43b. Did any incidents of this type happen to you?</p>		<div><div>545</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 44a</div></div>
<p>43c. How many times?</p>		<div><div>546</div><div></div><div>Number of times (43c)</div></div>

HOUSEHOLD RESPONDENT'S SCREEN QUESTIONS					
44a. Did you call the police during the last 6 months to report something (else) that happened to YOU which you thought was a crime? (other than any incidents already mentioned)		Briefly describe incident(s) ➤			
		<div></div>			
		<div></div>			
		<div></div>			
		<div></div>		<div>547</div> 1 <input type="checkbox"/> Yes – What happened? Describe above	
				2 <input type="checkbox"/> No – SKIP to 45a	
		<div>548</div>		<div></div>	
		<div>*</div>		<div></div>	
CHECK ITEM B		Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?		<div>549</div> 1 <input type="checkbox"/> Yes – ASK 44b	
				2 <input type="checkbox"/> No – SKIP to 45a	
44b. How many times?				<div>550</div>	
				Number of times (44b)	
45a. Did anything happen to YOU during the last 6 months which you thought was a crime, but did NOT report to the police? (other than any incidents already mentioned)		Briefly describe incident(s) ➤			
		<div></div>			
		<div></div>			
		<div></div>			
		<div></div>		<div>551</div> 1 <input type="checkbox"/> Yes – What happened? Describe above	
				2 <input type="checkbox"/> No – SKIP to Check Item D	
		<div>552</div>		<div></div>	
		<div>*</div>		<div></div>	
CHECK ITEM C		Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?		<div>553</div> 1 <input type="checkbox"/> Yes – ASK 45b	
				2 <input type="checkbox"/> No – SKIP to Check Item D	
45b. How many times?				<div>554</div>	
				Number of times (45b)	
CHECK ITEM D		Who besides the respondent was present when the screen questions were asked? <i>(If telephone interview, mark box 1 only.)</i>		<div>555</div> 1 <input type="checkbox"/> Telephone interview – SKIP to 46a	
				<div>*</div> Personal interview – Mark all that apply.	
				2 <input type="checkbox"/> No one besides respondent present	
				3 <input type="checkbox"/> Respondent's spouse	
				4 <input type="checkbox"/> HHLd member(s) 12+, not spouse	
				5 <input type="checkbox"/> HHLd member(s) under 12	
				6 <input type="checkbox"/> Nonhousehold member(s)	
				7 <input type="checkbox"/> Someone was present – Can't say who	
				8 <input type="checkbox"/> Don't know if someone else present	
CHECK ITEM E		If self-response interview, SKIP to 46a.		<div>556</div> 1 <input type="checkbox"/> Yes	
		Did the person for whom this interview was taken help the proxy respondent answer any screen questions?		2 <input type="checkbox"/> No	
				3 <input type="checkbox"/> Person for whom interview taken not present	

HOUSEHOLD RESPONDENT’S VANDALISM SCREEN QUESTIONS				
<div>46a. Now I’d like to ask about vandalism that may have been committed during the last 6 months against YOUR household. Vandalism is the deliberate, intentional damage to or destruction of household property. Examples are breaking windows, slashing tires, and painting graffiti on walls.</div> <div>Since _____, 19____, has anyone intentionally damaged or destroyed property owned by you or someone else in your household?</div> <div>(EXCLUDE any damage done in conjunction with incidents already mentioned.)</div>			<div>557</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item G</div>	
<div>46b. What kind of property was damaged or destroyed in this/these act(s) of vandalism? Anything else?</div> <div>Mark (X) all property that was damaged or destroyed by vandalism during reference period.</div>			<div>558</div> <div>*</div> <div>1 <input type="checkbox"/> Motor vehicle (including parts)</div> <div>2 <input type="checkbox"/> Bicycle (including parts)</div> <div>3 <input type="checkbox"/> Mailbox</div> <div>4 <input type="checkbox"/> House window/screen/door</div> <div>5 <input type="checkbox"/> Yard or garden (trees, shrubs, fence, etc.)</div> <div>6 <input type="checkbox"/> Furniture, other household goods</div> <div>7 <input type="checkbox"/> Clothing</div> <div>8 <input type="checkbox"/> Animal (pet, livestock, etc.)</div> <div>9 <input type="checkbox"/> Other – Specify <input type="checkbox"/></div>	
<div>46c. What kind of damage was done in this/these act(s) of vandalism? Anything else?</div> <div>Mark (X) all kinds of damage by vandals that occurred during reference period.</div>			<div>559</div> <div>*</div> <div>1 <input type="checkbox"/> Broken glass: window, windshield, glass in door, mirror</div> <div>2 <input type="checkbox"/> Defaced: marred, graffiti, dirtied</div> <div>3 <input type="checkbox"/> Burned: use of fire, heat or explosives</div> <div>4 <input type="checkbox"/> Drove into or ran over with vehicle</div> <div>5 <input type="checkbox"/> Other breaking or tearing</div> <div>6 <input type="checkbox"/> Injured or killed animals</div> <div>7 <input type="checkbox"/> Other – Specify <input type="checkbox"/></div>	
<div>46d. What was the total dollar amount of the damage caused by this/these act(s) of vandalism during the last 6 months? (Use repair costs if the property was repaired.)</div> <div>(EXCLUDE any damage done in incidents already mentioned.)</div>			<div>560</div> <div>\$ _____ . <div>00</div> – SKIP to Check Item F</div> <div>x <input type="checkbox"/> Don’t know</div> <div>o <input type="checkbox"/> No cost – SKIP to Check Item F</div>	
<div>46e. Was the damage under \$100 or \$100 or more?</div> <div>(INCLUDE total amount for all incidents of vandalism during the last 6 months.)</div>			<div>561</div> <div>1 <input type="checkbox"/> Under \$100</div> <div>2 <input type="checkbox"/> \$100 or more</div> <div>3 <input type="checkbox"/> Don’t know</div>	
<div>CHECK ITEM F</div> <div>Look at 46a. If unsure, ASK, otherwise, mark without asking. In the vandalism just mentioned, were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member? (other than any incident(s) already mentioned)</div>			<div>Briefly describe incident(s) <input type="checkbox"/></div> <div>562</div> <div>1 <input type="checkbox"/> Yes – What happened? Describe above</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item G</div>	
<div>46f. How many times?</div>			<div>563</div> <div>_____</div> <div>Number of times (46f)</div>	
<div>CHECK ITEM G</div> <div>Transcribe "number of times" entry for each of the following:</div> <div>(a) Screen Question, Item 36c, page 3</div> <div>(b) Screen Question, Item 37c, page 3</div> <div>(c) Screen Question, Item 39c, page 4</div> <div>(d) Screen Question, Item 40c, page 4</div> <div>(e) Screen Question, Item 41c, page 5</div> <div>(f) Screen Question, Item 42c, page 5</div> <div>(g) Screen Question, Item 43c, page 5</div> <div>(h) Screen Question, Item 44b, page 6</div> <div>(i) Screen Question, Item 45b, page 6</div> <div>(j) Vandalism Screen Question, Item 46f, page 7</div>			<div><input type="checkbox"/> None – Go to Check Item H</div> <div>_____ Number of times (36c)</div> <div>_____ Number of times (37c)</div> <div>_____ Number of times (39c)</div> <div>_____ Number of times (40c)</div> <div>_____ Number of times (41c)</div> <div>_____ Number of times (42c)</div> <div>_____ Number of times (43c)</div> <div>_____ Number of times (44b)</div> <div>_____ Number of times (45b)</div> <div>_____ Number of times (46f)</div> <div>If entry of 1 or more in any of the above, fill crime incident reports before marking Check Item H. If none marked, go to Check Item H.</div>	
Be sure to fill any incident reports before marking Check Item H.				

HOUSEHOLD RESPONDENT’S EMPLOYMENT AND HOME PROTECTION QUESTIONS		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to 49
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>	564	1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
ASK OR VERIFY –		
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?	565	1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to 49
47c. Did that (job/work) last 2 consecutive weeks or more?	566	1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to 49
ASK OR VERIFY –		
48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>	567	Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ OR 27 <input type="checkbox"/> Something else – Specify _____
ASK OR VERIFY –		
48b. Is your job with <i>(Read answer categories) –</i>	568	1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking.		
48c. Are you employed by a college or university?	569	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>	570	1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
49. We’re interested in finding out if people we talk to do anything in particular to keep thieves or intruders out of their homes. Does your household have any special DEVICES such as dead bolt locks, electric timers for lights, or an alarm system? Do not include animals.	571	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
50a. Is there an organized neighborhood watch or citizens’ protection group for your area?	572	1 <input type="checkbox"/> Yes – Ask 50b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know } SKIP to Check Item I
50b. Do you, or does anyone in your household, take part?	573	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don’t know
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – Ask or verify Control Card items. Then END interview. <input type="checkbox"/> No – Ask or verify Control Card items. Then interview next household member.

INDIVIDUAL'S PERSONAL CHARACTERISTICS

17. NAME					18. Type of interview					19. Line No.	
Last					PGM 4					401	
					1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy } Fill 13 on cover page 4 <input type="checkbox"/> Tel. – Proxy } 5 <input type="checkbox"/> Noninterview – Fill 19–28 and 14 on cover page					402	
First										Line No.	
20. Relationship to reference person		21. Age last birthday	22a. Marital status THIS survey period	22b. Marital status LAST survey period	23. Sex	24. Armed Forces member	25a. Education -highest grade	25b. Education -complete that year?	26. Attending college	27. Race	28. His-panic origin
403		404	405	406	407	408	409	410	411	412	413
01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person		Age	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Grade	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> College/Univer-sity 2 <input type="checkbox"/> Trade/school 3 <input type="checkbox"/> Vocational school 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Is-lander 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
29. Date of interview							PGM 5				
501							Month Day Year				
30. Before we get to the crime questions, I'd like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.							502 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.							503 1 <input type="checkbox"/> Almost every evening (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
32. (On average, during the last 6 months,) how often have you ridden public transportation? (Read answer categories until respondent answers yes.) Do not include school buses. Mark (X) the first category that applies.							504 1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
If unsure, ASK OR VERIFY – 33a. How long have you lived at this address? (Enter number of months OR years.)							505 _____ Months (1-11) – SKIP to 33b OR 506 _____ Years (Round to nearest whole year) – Fill Check Item A				
CHECK ITEM A How many years are entered in 33a?							507 <input type="checkbox"/> 5 years or more – SKIP to 36a <input type="checkbox"/> Less than 5 years – Ask 33b				
33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?							508 _____ Number of times				

INDIVIDUAL’S SCREEN QUESTIONS

36a. I’m going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.

Was something belonging to YOU stolen, such as –

(a) Things that you carry, like luggage, a wallet, purse, briefcase, book –

(b) Clothing, jewelry, or calculator –

(c) Bicycle or sports equipment –

(d) Things in your home – like a TV, stereo, or tools –

(e) Things from a vehicle, such as a package, groceries, camera, or cassette tapes –

OR

(f) Did anyone ATTEMPT to steal anything belonging to you?

Briefly describe incident(s) ↗

MARK OR ASK –

36b. Did any incidents of this type happen to you?

532

1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 40a

36c. How many times?

533

Number of times (36c)

40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you –

(a) At home including the porch or yard –

(b) At or near a friend’s, relative’s, or neighbor’s home –

(c) At work or school –

(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –

(e) While riding in any vehicle –

(f) On the street or in a parking lot –

(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –

OR

(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?

Briefly describe incident(s) ↗

MARK OR ASK –

40b. Did any incidents of this type happen to you?

539

1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 41a

40c. How many times?

540

Number of times (40c)

INDIVIDUAL'S SCREEN QUESTIONS		
<p>41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways <i>(Exclude telephone threats)</i> –</p> <p>(a) With any weapon, for instance, a gun or knife –</p> <p>(b) With anything like a baseball bat, frying pan, scissors, or stick –</p> <p>(c) By something thrown, such as a rock or bottle –</p> <p>(d) Include any grabbing, punching, or choking,</p> <p>(e) Any rape, attempted rape or other type of sexual attack –</p> <p>(f) Any face to face threats –</p> <p>OR</p> <p>(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
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<p>41c. How many times?</p>		<div><div>542</div><div></div><div>Number of times (41c)</div></div>
<p>42a. People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by <i>(Exclude telephone threats)</i> –</p> <p>(a) Someone at work or school –</p> <p>(b) A neighbor or friend –</p> <p>(c) A relative or family member –</p> <p>(d) Any other person you've met or known?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>42b. Did any incidents of this type happen to you?</p>		<div><div>543</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 43a</div></div>
<p>42c. How many times?</p>		<div><div>544</div><div></div><div>Number of times (42c)</div></div>
<p>43a. Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by –</p> <p>(a) Someone you didn't know before –</p> <p>(b) A casual acquaintance –</p> <p>OR</p> <p>(c) Someone you know well?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
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<p>43c. How many times?</p>		<div><div>546</div><div></div><div>Number of times (43c)</div></div>

INDIVIDUAL'S SCREEN QUESTIONS				
44a. Did you call the police during the last 6 months to report something (else) that happened to YOU which you thought was a crime? (other than any incidents already mentioned)		Briefly describe incident(s) ↴		
		<div></div> <div></div> <div></div>		
		<div>547</div> <div>1 <input type="checkbox"/> Yes – What happened? Describe above</div> <div>2 <input type="checkbox"/> No – SKIP to 45a</div>		
		<div>548</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>549</div> <div>1 <input type="checkbox"/> Yes – ASK 44b</div> <div>2 <input type="checkbox"/> No – SKIP to 45a</div>		
44b. How many times?		<div>550</div> <div></div> <div>Number of times (44b)</div>		
45a. Did anything happen to YOU during the last 6 months which you thought was a crime, but did NOT report to the police? (other than any incidents already mentioned)		Briefly describe incident(s) ↴		
		<div></div> <div></div> <div></div>		
		<div>551</div> <div>1 <input type="checkbox"/> Yes – What happened? Describe above</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
		<div>552</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>553</div> <div>1 <input type="checkbox"/> Yes – ASK 45b</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
45b. How many times?		<div>554</div> <div></div> <div>Number of times (45b)</div>		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div>555</div> <div>*</div> <div>1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G</div> <div>Personal interview – Mark all that apply.</div> <div>2 <input type="checkbox"/> No one besides respondent present</div> <div>3 <input type="checkbox"/> Respondent's spouse</div> <div>4 <input type="checkbox"/> HHLD member(s) 12+, not spouse</div> <div>5 <input type="checkbox"/> HHLD member(s) under 12</div> <div>6 <input type="checkbox"/> Nonhousehold member(s)</div> <div>7 <input type="checkbox"/> Someone was present – Can't say who</div> <div>8 <input type="checkbox"/> Don't know if someone else present</div>		
CHECK ITEM E	If self-response interview, SKIP to Check Item G.	<div>556</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Person for whom interview taken not present</div>		
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 10 (b) Screen Question, Item 40c, page 10 (c) Screen Question, Item 41c, page 11 (d) Screen Question, Item 42c, page 11 (e) Screen Question, Item 43c, page 11 (f) Screen Question, Item 44b, page 12 (g) Screen Question, Item 45b, page 12	<div><input type="checkbox"/> None – Go to Check Item H</div> <div></div> Number of times (36c) <div></div> Number of times (40c) <div></div> Number of times (41c) <div></div> Number of times (42c) <div></div> Number of times (43c) <div></div> Number of times (44b) <div></div> Number of times (45b) <div>If entry of 1 or more in any of the above, fill crime incident reports before marking Check Item H. If none marked, go to Check Item H.</div>		

INDIVIDUAL’S EMPLOYMENT QUESTIONS		
Be sure to fill any incidents reports before marking Check Item H.		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i> ASK OR VERIFY –		564 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?		565 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c. Did that (job/work) last 2 consecutive weeks or more?		566 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY – 48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>		567 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – <i>Specify</i> _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – <i>Specify</i> _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – <i>Specify</i> _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – <i>Specify</i> _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – <i>Specify</i> _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – <i>Specify</i> _____ OR 27 <input type="checkbox"/> Something else – <i>Specify</i> _____
ASK OR VERIFY – 48b. Is your job with <i>(Read answer categories) –</i>		568 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking. 48c. Are you employed by a college or university?		569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>		570 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – <i>Interview next household member.</i>

36a. I'm going to read some examples that will give you an idea of the kinds of crimes this study covers.

Was something belonging to YOU stolen, such as –

- OR**

Briefly describe incident(s) ↗

MARK OR ASK –

36b. Did any incidents of this type happen to you?

532

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 40a

36c. How many times?

533

Number of times (36c)

(a) At home including the porch or yard –

- OR**

Briefly describe incident(s) ↗

MARK OR ASK –

40b. Did any incidents of this type happen to you?

539

- 1 ☐ Yes – **What happened?**
Describe above
- 2 ☐ No – **SKIP** to 41a

40c. How many times?

540

Number of times (40c)

INDIVIDUAL'S SCREEN QUESTIONS		
<p>41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways <i>(Exclude telephone threats)</i> –</p> <p>(a) With any weapon, for instance, a gun or knife –</p> <p>(b) With anything like a baseball bat, frying pan, scissors, or stick –</p> <p>(c) By something thrown, such as a rock or bottle –</p> <p>(d) Include any grabbing, punching, or choking,</p> <p>(e) Any rape, attempted rape or other type of sexual attack –</p> <p>(f) Any face to face threats –</p> <p>OR</p> <p>(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>41b. Did any incidents of this type happen to you?</p>		<div><div>541</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 42a</div></div>
<p>41c. How many times?</p>		<div><div>542</div><div></div><div>Number of times (41c)</div></div>
<p>42a. People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by <i>(Exclude telephone threats)</i> –</p> <p>(a) Someone at work or school –</p> <p>(b) A neighbor or friend –</p> <p>(c) A relative or family member –</p> <p>(d) Any other person you've met or known?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>42b. Did any incidents of this type happen to you?</p>		<div><div>543</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 43a</div></div>
<p>42c. How many times?</p>		<div><div>544</div><div></div><div>Number of times (42c)</div></div>
<p>43a. Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by –</p> <p>(a) Someone you didn't know before –</p> <p>(b) A casual acquaintance –</p> <p>OR</p> <p>(c) Someone you know well?</p>	<p>Briefly describe incident(s) ↗</p> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	
<p>MARK OR ASK –</p> <p>43b. Did any incidents of this type happen to you?</p>		<div><div>545</div><div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div><div>2 <input type="checkbox"/> No – SKIP to 44a</div></div>
<p>43c. How many times?</p>		<div><div>546</div><div></div><div>Number of times (43c)</div></div>

INDIVIDUAL'S SCREEN QUESTIONS				
44a. Did you call the police during the last 6 months to report something (else) that happened to YOU which you thought was a crime? (other than any incidents already mentioned)		Briefly describe incident(s) ↴		
		<div></div> <div></div> <div></div>		
		<div>547</div> <div>1 <input type="checkbox"/> Yes – What happened? Describe above</div> <div>2 <input type="checkbox"/> No – SKIP to 45a</div>		
		<div>548</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>549</div> <div>1 <input type="checkbox"/> Yes – ASK 44b</div> <div>2 <input type="checkbox"/> No – SKIP to 45a</div>		
44b. How many times?		<div>550</div> <div></div> <div>Number of times (44b)</div>		
45a. Did anything happen to YOU during the last 6 months which you thought was a crime, but did NOT report to the police? (other than any incidents already mentioned)		Briefly describe incident(s) ↴		
		<div></div> <div></div> <div></div>		
		<div>551</div> <div>1 <input type="checkbox"/> Yes – What happened? Describe above</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
		<div>552</div> <div>*</div>	<div></div> <div></div> <div></div> <div></div>	OFFICE USE ONLY
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?	<div>553</div> <div>1 <input type="checkbox"/> Yes – ASK 45b</div> <div>2 <input type="checkbox"/> No – SKIP to Check Item D</div>		
45b. How many times?		<div>554</div> <div></div> <div>Number of times (45b)</div>		
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	<div>555</div> <div>*</div> <div>1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G</div> <div>Personal interview – Mark all that apply.</div> <div>2 <input type="checkbox"/> No one besides respondent present</div> <div>3 <input type="checkbox"/> Respondent's spouse</div> <div>4 <input type="checkbox"/> HHLD member(s) 12+, not spouse</div> <div>5 <input type="checkbox"/> HHLD member(s) under 12</div> <div>6 <input type="checkbox"/> Nonhousehold member(s)</div> <div>7 <input type="checkbox"/> Someone was present – Can't say who</div> <div>8 <input type="checkbox"/> Don't know if someone else present</div>		
CHECK ITEM E	If self-response interview, SKIP to Check Item G.	<div>556</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Person for whom interview taken not present</div>		
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 15 (b) Screen Question, Item 40c, page 15 (c) Screen Question, Item 41c, page 16 (d) Screen Question, Item 42c, page 16 (e) Screen Question, Item 43c, page 16 (f) Screen Question, Item 44b, page 17 (g) Screen Question, Item 45b, page 17	<div><input type="checkbox"/> None – Go to Check Item H</div> <div></div> <div>Number of times (36c)</div> <div></div> <div>Number of times (40c)</div> <div></div> <div>Number of times (41c)</div> <div></div> <div>Number of times (42c)</div> <div></div> <div>Number of times (43c)</div> <div></div> <div>Number of times (44b)</div> <div></div> <div>Number of times (45b)</div> <div>If entry of 1 or more in any of the above, fill crime incident reports before marking Check Item H.</div> <div>If none marked, go to Check Item H.</div>		

INDIVIDUAL’S EMPLOYMENT QUESTIONS		
Be sure to fill any incidents reports before marking Check Item H.		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) <i>(If farm or business operator in household, ask about unpaid work.)</i>		564 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
ASK OR VERIFY –		
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?		565 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c. Did that (job/work) last 2 consecutive weeks or more?		566 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY –		
48a. Which of the following best describes your job? PERSONAL INTERVIEW <i>(Show flashcard)</i> TELEPHONE INTERVIEW – Were you employed in the <i>(Read main headings until you get a yes. Then read answer categories) –</i> <i>Mark (X) only one category.</i>		567 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – <i>Specify</i> _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – <i>Specify</i> _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – <i>Specify</i> _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – <i>Specify</i> _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – <i>Specify</i> _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – <i>Specify</i> _____ OR 27 <input type="checkbox"/> Something else – <i>Specify</i> _____
ASK OR VERIFY –		
48b. Is your job with <i>(Read answer categories) –</i>		568 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking.		
48c. Are you employed by a college or university?		569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in <i>(Read answer categories) –</i>		570 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – <i>Interview next household member.</i>

INDIVIDUAL'S PERSONAL CHARACTERISTICS

17. NAME					18. Type of interview				19. Line No.		
Last					PGM 4				402		
First					401				Line No.		
					1 <input type="checkbox"/> Per. – Self-respondent 2 <input type="checkbox"/> Tel. – Self-respondent 3 <input type="checkbox"/> Per. – Proxy } Fill 13 on cover page 4 <input type="checkbox"/> Tel. – Proxy } 5 <input type="checkbox"/> Noninterview – Fill 19–28 and 14 on cover page						
20. Relationship to reference person		21. Age last birthday	22a. Marital status THIS survey period	22b. Marital status LAST survey period	23. Sex	24. Armed Forces member	25a. Education -highest grade	25b. Education -complete that year?	26. Attending college	27. Race	28. His-panic origin
403		404	405	406	407	408	409	410	411	412	413
01 <input type="checkbox"/> Husband 02 <input type="checkbox"/> Wife 03 <input type="checkbox"/> Son 04 <input type="checkbox"/> Daughter 05 <input type="checkbox"/> Father 06 <input type="checkbox"/> Mother 07 <input type="checkbox"/> Brother 08 <input type="checkbox"/> Sister 09 <input type="checkbox"/> Other relative 10 <input type="checkbox"/> Nonrelative 11 <input type="checkbox"/> Ref. person		Age	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married	1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married 6 <input type="checkbox"/> Not interviewed last survey period	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Grade	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> College/Univer-sity 2 <input type="checkbox"/> Trade/school 3 <input type="checkbox"/> Voca-tional school 4 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Amer. Indian, Aleut, Eskimo 4 <input type="checkbox"/> Asian, Pacific Is-lander 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
29. Date of interview							PGM 5				
							501				
							Month Day Year				
30. Before we get to the crime questions, I'd like to ask you about some of YOUR usual activities. We have found that people with different lifestyles may be more or less likely to become victims of crime. On average, during the last 6 months, that is, since _____, 19 ____, how often have YOU gone shopping? For example at drug, clothing, grocery, hardware and convenience stores. (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.							502				
							1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
31. (On average, during the last 6 months,) how often have you spent the evening out away from home for work, school or entertainment? (Read answer categories until respondent answers yes.) Mark (X) the first category that applies.							503				
							1 <input type="checkbox"/> Almost every evening (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
32. (On average, during the last 6 months,) how often have you ridden public transportation? (Read answer categories until respondent answers yes.) Do not include school buses. Mark (X) the first category that applies.							504				
							1 <input type="checkbox"/> Almost every day (or more frequently) 2 <input type="checkbox"/> At least once a week 3 <input type="checkbox"/> At least once a month 4 <input type="checkbox"/> Less often 5 <input type="checkbox"/> Never 6 <input type="checkbox"/> Don't know				
If unsure, ASK OR VERIFY –											
33a. How long have you lived at this address? (Enter number of months OR years.)							505				
							Months (1-11) – SKIP to 33b				
							OR				
							506				
							Years (Round to nearest whole year) – Fill Check Item A				
CHECK ITEM A											
How many years are entered in 33a?							5 years or more – SKIP to 36a Less than 5 years – Ask 33b				
33b. Altogether, how many times have you moved in the last 5 years, that is, since _____, 19 __?							508				
							Number of times				

INDIVIDUAL’S SCREEN QUESTIONS

36a. I’m going to read some examples that will give you an idea of the kinds of crimes this study covers.

As I go through them, tell me if any of these happened to you in the last 6 months, that is since _____, 19 ____.

Was something belonging to YOU stolen, such as –

(a) Things that you carry, like luggage, a wallet, purse, briefcase, book –

(b) Clothing, jewelry, or calculator –

(c) Bicycle or sports equipment –

(d) Things in your home – like a TV, stereo, or tools –

(e) Things from a vehicle, such as a package, groceries, camera, or cassette tapes –

OR

(f) Did anyone ATTEMPT to steal anything belonging to you?

Briefly describe incident(s) ↗

MARK OR ASK –

36b. Did any incidents of this type happen to you?

532

1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 40a

36c. How many times?

533

Number of times (36c)

40a. (Other than any incidents already mentioned,) since _____, 19 ____, were you attacked or threatened OR did you have something stolen from you –

(a) At home including the porch or yard –

(b) At or near a friend’s, relative’s, or neighbor’s home –

(c) At work or school –

(d) In places such as a storage shed or laundry room, a shopping mall, restaurant, bank, or airport –

(e) While riding in any vehicle –

(f) On the street or in a parking lot –

(g) At such places as a party, theater, gym, picnic area, bowling lanes, or while fishing or hunting –

OR

(h) Did anyone ATTEMPT to attack or ATTEMPT to steal anything belonging to you from any of these places?

Briefly describe incident(s) ↗

MARK OR ASK –

40b. Did any incidents of this type happen to you?

539

1 ☐ Yes – **What happened?**
Describe above

2 ☐ No – **SKIP** to 41a

40c. How many times?

540

Number of times (40c)

INDIVIDUAL'S SCREEN QUESTIONS		
<p>41a. (Other than any incidents already mentioned,) has anyone attacked or threatened you in any of these ways <i>(Exclude telephone threats)</i> –</p> <p>(a) With any weapon, for instance, a gun or knife –</p> <p>(b) With anything like a baseball bat, frying pan, scissors, or stick –</p> <p>(c) By something thrown, such as a rock or bottle –</p> <p>(d) Include any grabbing, punching, or choking,</p> <p>(e) Any rape, attempted rape or other type of sexual attack –</p> <p>(f) Any face to face threats –</p> <p>OR</p> <p>(g) Any attack or threat or use of force by anyone at all? Please mention it even if you are not certain it was a crime.</p>	<p>Briefly describe incident(s) ↗</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>MARK OR ASK –</p> <p>41b. Did any incidents of this type happen to you?</p>		<div>541</div> <div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div> <div>2 <input type="checkbox"/> No – SKIP to 42a</div>
<p>41c. How many times?</p>		<div>542</div> <div><hr/></div> <div>Number of times (41c)</div>
<p>42a. People often don't think of incidents committed by someone they know. (Other than any incidents already mentioned,) did you have something stolen from you OR were you attacked or threatened by <i>(Exclude telephone threats)</i> –</p> <p>(a) Someone at work or school –</p> <p>(b) A neighbor or friend –</p> <p>(c) A relative or family member –</p> <p>(d) Any other person you've met or known?</p>	<p>Briefly describe incident(s) ↗</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>MARK OR ASK –</p> <p>42b. Did any incidents of this type happen to you?</p>		<div>543</div> <div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div> <div>2 <input type="checkbox"/> No – SKIP to 43a</div>
<p>42c. How many times?</p>		<div>544</div> <div><hr/></div> <div>Number of times (42c)</div>
<p>43a. Incidents involving forced or unwanted sexual acts are often difficult to talk about. (Other than any incidents already mentioned,) have you been forced or coerced to engage in unwanted sexual activity by –</p> <p>(a) Someone you didn't know before –</p> <p>(b) A casual acquaintance –</p> <p>OR</p> <p>(c) Someone you know well?</p>	<p>Briefly describe incident(s) ↗</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>MARK OR ASK –</p> <p>43b. Did any incidents of this type happen to you?</p>		<div>545</div> <div>1 <input type="checkbox"/> Yes – What happened? <i>Describe above</i></div> <div>2 <input type="checkbox"/> No – SKIP to 44a</div>
<p>43c. How many times?</p>		<div>546</div> <div><hr/></div> <div>Number of times (43c)</div>

INDIVIDUAL'S SCREEN QUESTIONS					
44a. Did you call the police during the last 6 months to report something (else) that happened to YOU which you thought was a crime? (other than any incidents already mentioned)		Briefly describe incident(s) ➤			
		<div></div>			
		<div></div>			
				547	1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to 45a
		548			
		*			OFFICE USE ONLY
CHECK ITEM B	Look at 44a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?			549	1 <input type="checkbox"/> Yes – ASK 44b 2 <input type="checkbox"/> No – SKIP to 45a
44b. How many times?				550	Number of times (44b)
45a. Did anything happen to YOU during the last 6 months which you thought was a crime, but did NOT report to the police? (other than any incidents already mentioned)		Briefly describe incident(s) ➤			
		<div></div>			
		<div></div>			
				551	1 <input type="checkbox"/> Yes – What happened? Describe above 2 <input type="checkbox"/> No – SKIP to Check Item D
		552			
		*			OFFICE USE ONLY
CHECK ITEM C	Look at 45a. If unsure, ASK, otherwise, mark without asking. Were you (was the respondent) attacked or threatened, or was something stolen or an attempt made to steal something that belonged to you (the respondent) or another household member?			553	1 <input type="checkbox"/> Yes – ASK 45b 2 <input type="checkbox"/> No – SKIP to Check Item D
45b. How many times?				554	Number of times (45b)
CHECK ITEM D	Who besides the respondent was present when the screen questions were asked? (If telephone interview, mark box 1 only.)	555		1 <input type="checkbox"/> Telephone interview – SKIP to Check Item G Personal interview – Mark all that apply. 2 <input type="checkbox"/> No one besides respondent present 3 <input type="checkbox"/> Respondent's spouse 4 <input type="checkbox"/> HHLD member(s) 12+, not spouse 5 <input type="checkbox"/> HHLD member(s) under 12 6 <input type="checkbox"/> Nonhousehold member(s) 7 <input type="checkbox"/> Someone was present – Can't say who 8 <input type="checkbox"/> Don't know if someone else present	
CHECK ITEM E	If self-response interview, SKIP to Check Item G.	556		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Person for whom interview taken not present	
CHECK ITEM G	Transcribe "number of times" entry for each of the following: (a) Screen Question, Item 36c, page 20 (b) Screen Question, Item 40c, page 20 (c) Screen Question, Item 41c, page 21 (d) Screen Question, Item 42c, page 21 (e) Screen Question, Item 43c, page 21 (f) Screen Question, Item 44b, page 22 (g) Screen Question, Item 45b, page 22	<div><input type="checkbox"/> None – Go to Check Item H</div> <div><div></div> Number of times (36c)</div> <div><div></div> Number of times (40c)</div> <div><div></div> Number of times (41c)</div> <div><div></div> Number of times (42c)</div> <div><div></div> Number of times (43c)</div> <div><div></div> Number of times (44b)</div> <div><div></div> Number of times (45b)</div> <div>If entry of 1 or more in any of the above, fill crime incident reports before marking Check Item H. If none marked, go to Check Item H.</div>			

INDIVIDUAL’S EMPLOYMENT QUESTIONS		
Be sure to fill any incidents reports before marking Check Item H.		
CHECK ITEM H	Is the respondent 16 years or older?	1 <input type="checkbox"/> Yes – Ask 47a 2 <input type="checkbox"/> No – SKIP to Check Item I
47a. Did you have a job or work at a business LAST WEEK? (Do not include volunteer work or work around the house.) (If farm or business operator in household, ask about unpaid work.) ASK OR VERIFY –		564 1 <input type="checkbox"/> Yes – SKIP to 48a 2 <input type="checkbox"/> No – Ask 47b
47b. Did you have a job or work at a business DURING THE LAST 6 MONTHS?		565 1 <input type="checkbox"/> Yes – Ask 47c 2 <input type="checkbox"/> No – SKIP to Check Item I
47c. Did that (job/work) last 2 consecutive weeks or more?		566 1 <input type="checkbox"/> Yes – Ask 48a 2 <input type="checkbox"/> No – SKIP to Check Item I
ASK OR VERIFY – 48a. Which of the following best describes your job? PERSONAL INTERVIEW (Show flashcard) TELEPHONE INTERVIEW – Were you employed in the (Read main headings until you get a yes. Then read answer categories) – Mark (X) only one category.		567 Medical Profession – As a – 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse 3 <input type="checkbox"/> Technician 4 <input type="checkbox"/> Other – Specify _____ Mental Health Services Field – Are your duties – 5 <input type="checkbox"/> Professional (Social worker/psychiatrist) 6 <input type="checkbox"/> Custodial care 7 <input type="checkbox"/> Other – Specify _____ Teaching Profession – Were you employed in a – 8 <input type="checkbox"/> Preschool 9 <input type="checkbox"/> Elementary 10 <input type="checkbox"/> Junior high or middle school 11 <input type="checkbox"/> High school 12 <input type="checkbox"/> College or university 13 <input type="checkbox"/> Technical or industrial school 14 <input type="checkbox"/> Special education facility 15 <input type="checkbox"/> Other – Specify _____ Law Enforcement or Security Field – Were you employed as a – 16 <input type="checkbox"/> Law enforcement officer 17 <input type="checkbox"/> Prison or jail guard 18 <input type="checkbox"/> Security guard 19 <input type="checkbox"/> Other – Specify _____ Retail Sales – Were you employed as a – 20 <input type="checkbox"/> Convenience or liquor store clerk 21 <input type="checkbox"/> Gas station attendant 22 <input type="checkbox"/> Bartender 23 <input type="checkbox"/> Other – Specify _____ Transportation Field – Were you employed as a – 24 <input type="checkbox"/> Bus driver 25 <input type="checkbox"/> Taxi cab driver 26 <input type="checkbox"/> Other – Specify _____ OR 27 <input type="checkbox"/> Something else – Specify _____
ASK OR VERIFY – 48b. Is your job with (Read answer categories) –		568 1 <input type="checkbox"/> A private company, business, or individual for wages? 2 <input type="checkbox"/> The Federal government? 3 <input type="checkbox"/> A State, county, or local government? 4 <input type="checkbox"/> Yourself (Self-employed) in your own business, professional practice, or farm?
If box 12 is marked in 48a, mark without asking. 48c. Are you employed by a college or university?		569 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48d. While working at your job, do you work mostly in (Read answer categories) –		570 1 <input type="checkbox"/> A city? 2 <input type="checkbox"/> Suburban area? 3 <input type="checkbox"/> Rural area? 4 <input type="checkbox"/> Combination of any of these?
CHECK ITEM I	Is this the last household member to be interviewed?	<input type="checkbox"/> Yes – END interview. <input type="checkbox"/> No – Interview next household member.